Claims Clues

A Monthly Publication of the AHCCCS Claims Department February, 2001

Clarification Sought on HIPAA

The U.S. Department of Health and Human Services (HHS) has asked for clarification of President Bush's moratorium on new federal rules to determine if it will delay implementation of all or part of the Health Insurance Portability and Accountability Act (HIPAA).

HHS officials want to know if the final HIPAA medical privacy rule falls under the 60-day hold on recently published rules. The moratorium gives the Bush Administration time to review policies implemented in the final weeks of President Clinton's term.

The review does not directly affect the HIPAA security rule, a companion to the privacy rule. HHS has not completed work on the final security rule, so it was not among the rules sent to the Federal Register.

However, the security rule may face new scrutiny from the Bush Administration.

The AHCCCS Administration had planned to conduct informational meetings to discuss

the impact of HIPAA on the agency and its providers. These meetings have been put on hold pending clarification of the status of the act.

Providers who have expressed an interest in attending one of these meetings will be notified of the date, time, and location of the meetings if they are scheduled.

The first set of HIPAA standards is scheduled to be implemented October 16, 2002.

Some of the changes under HIPAA will:

- Standardize electronic data interchange for specified administrative and financial transactions
- Implement new security and privacy requirements
- Eliminate local codes and modifiers and replace them with national codes and modifiers
- Eliminate "J" codes and require providers to bill with NDC codes in their place
- Implement a national provider identification number
- Implement standard provider types and specialties. ❒

AHC Terminates Acute Care Contract

Arizona Health Concepts (AHC) is terminating its acute care contract with the AHCCCS Administration to provide services in La Paz and Mohave counties.

The contract termination date is February 28, 2001. Effective March 1, 2001, Family Health Plan of Northeastern Arizona (NEAZ) will replace AHC. Arizona Physicians IPA (APIPA) will continue to provide acute care services in these counties. AHC members are being given the opportunity to choose between NEAZ or APIPA during a special open enrollment. Those who do not make a choice will roll into NEAZ effective March 1.

Providers who are interested in obtaining information about NEAZ or who are interested in contracting with the health plan should contact Benjamin Newsum, Provider Services manager, at (480) 921-8944. ❒

Need Help with a Claim?

Contact Claims Customer Service
(602) 417-7670 (Phoenix area)
(800) 794-6862 (In state)
(800) 523-0231 (Out of state)

Hours: 7:00 a.m. – Noon
12:30 – 4:00 p.m.

RxAmerica Processing FFS Pharmacy Claims

RxAmerica is now processing and paying pharmacy claims for fee-or-service recipients.

The company's contract with AHCCCS does not affect the pharmacy networks maintained by AHCCCS-contracted health plans and program contractors.

Prescriptions must be dispensed from pharmacies in RxAmerica's network. Claims are processed using a point-of-sale process.

Providers who need assistance with claims should contact the RxAmerica Help Desk at (800) 770-8014. Hours of operation are 7:00 a.m. to 8:30 p.m. Monday through Friday and 10:00 a.m. to 3:00 p.m. Saturday and Sunday.

The RxAmerica Clinical Department is reviewing prior authorization requests. A Prior Authorization Request Form that providers may copy and use is attached to this issue of *Claims Clues*.

Completed request forms should be faxed to RxAmerica at (801) 961-6295. ❒

Form Required to Extend Care for ESP Recipients

An E045 certification form describing the need for continued care must be completed by a physician and submitted to AHCCCS for all Emergency Services Program (ESP) recipients in need of more than initial emergency care.

All fields on the form must be completed, including recipient's name, date of birth, AHCCCS ID number, etc. The physician's name, AHCCCS provider ID number, phone number, and fax number also must be included.

The form should be faxed to the AHCCCS Prior Authorization Unit at (602) 256-6591. Providers should ensure that a cover sheet accompanies the form. The cover sheet should list the name of a contact person, a telephone number, and a fax number. This will allow the PA Unit to respond to the provider's request for continuation of care for the recipient.

Providers who have questions about the E045 form should call the PA Unit between 8:30 a.m. and 4:30 p.m. Monday – Friday:

(602) 417-4400 (Phoenix area)
1-800-433-0425 (in state)
1-800-523-0231 (out of state) ❒

Separate Medicare EOMB Required for Each Claim

Providers must submit a separate Medicare EOMB with each claim form when billing the AHCCCS Administration for Medicare coinsurance and deductible. If a provider submits multiple claims for a recipient but includes only one copy of the Medicare EOMB, the EOMB will be attached to the claim with highest coinsurance and deductible amount. The other claims in the package will be denied for lack of a Medicare EOMB. ❒

Providers Should Keep Remit with Credit Memo

Providers should keep a copy of the AHCCCS Fee-For-Service Remittance Advice whenever a credit memo is generated because the remittance explains all of the patient information and reasons why the claims were voided or adjusted.

A claim that has been voided or adjusted may or may not generate a credit memo for that week's cycle, depending on the amount of paid claims.

If the paid claims amount is more than the amount of the credit, the AHCCCS system will recoup only the amount of the credit and generate a payment for the difference. If the paid claims amount is less than the amount of the credit, the system will apply that amount against the credit. In this case, an outstanding credit balance will show up on the Financial Summary (Page 2) of the provider's remittance.

If the voided or adjusted amount is large, it may require more than one recoupment. A provider may have an outstanding credit balance for a week or more.

Patient information on the voided/adjusted claims will not show up on future remittance advices. Providers should pay special attention to remittances that show credit memos.

Providers may obtain copies of previous remittance advices, but there is a fee of $2.00 per page.

Providers who have questions about adjusted or voided claims should contact the Claims Customer Service Unit at:

(602) 417-7670 (Phoenix area)

(800) 794-6862 (In state)

(800) 523-0231 (Out of state) ❒

RxAmerica Prior Authorization Request

Date: _____

Patient's name: _____

Patient's AHCCCS ID number: _____

Physician's name _____

Physician's phone number: ( ) _____

Physician's fax number: ( ) _____

Drug and dose requested: _____

Formulary agents already tried: _____

_____

Rationale for request: _____

_____

_____

_____

Please provide copy of chart notes.

FAX REQUEST TO *RxAmerica* AT (801) 961-6295

FOR OFFICE USE ONLY

Approved ☐ Denied ☐ Pending ☐

Rationale: _____

_____

Received: _____ Physician Notified: _____